

Notification of claim

Cargo



Insured	Company registration number
Address	Policy number
Postal code, city	Claim number
Contact person	Phone number
E-mail address	

Banking details

Payment reference

Banking details (account number, name of bank)

Mode of transport

Type of cargo/item

Terms of delivery

Date and place of departure

Date and place of arrival

Voyage

Weight (kgs)

Freight costs

Nature of packing

Carrier

Notification to carrier (date, please state whether notice was in writing or not)

When was the damage discovered?

Description of the incident/damage



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Notification of claim

Cargo

Specification of damaged cargo

Number of packages	Article number	Invoice value	Claimed amount (currency)
Please state whether the damaged cargo has any salvage value			

Please enclose the following documentation (if available)

- Commercial invoice
- Bill of Lading/freight note
- Freight invoice
- Notice of claim to the carrier
- Photographs
- Salvage value
- Estimated repair cost (if repair is possible)
- Certificate of destruction
- Police report (if cargo is stolen or missing)

Signature

Date and place

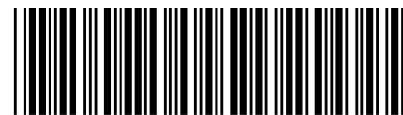
Signature

Printed name

Send notification of claim to:

Moderna Försäkringar
Företags- och Industriskador
FE 380
106 56 Stockholm

Or by e-mail to: cargoclaims@modernaforsakringar.se



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